Magazine reviews the question of "Making the Rich Pay More" in an authoritative and interesting manner. The editorial states:

"An English judge is reported, not long since, to have upheld the right of a physician to charge a wealthy patient more than he would ask a poor man for similar services.

"There seems to be a conflict in the authorities, in this country, as to whether it is proper to prove the value of the estate of a person for whom medical services were rendered, or the financial condition of the person receiving such services, in estimating their value, in the absence of an express contract. Some decisions favor the admission of such evidence. Haley's Succession, 50 La. Ann. 840, 24 So. 285; Czarnowski v. Zeyer, 35 La. Ann. 796; Schoenberg v. Rose, 145 N. Y. Supp. 831. In other jurisdictions, however, such evidence may not be considered. Robinson v. Campbell, 47 Iowa, 625; Swift v. Kelly, Tex. Civ. App., 133 S. W. 901.

"In determining the value of professional services rendered, testimony as to the value of a deceased patient's estate has been held inadmissible in the absence of a recognized usage obtaining to graduate professional charges with reference to the financial condition of the person for whom such services are rendered, which had been so long established and so universally acted upon as to have ripened into a custom. Morrisett v. Wood, 123 Ala. 384, 82 Am. St. Rep. 127, 26 So. 307.

"On the question of the value of services rendered by a physician, it is stated by the court in Lange v. Kearney, 21 N. Y. S. R. 262, 4 N. Y. Supp. 14, affirmed in 127 N. Y. 676, 28 N. E. 255: 'There is also evidence tending to establish a custom or rule of guidance as to charges of physicians for services rendered, and which makes the amount dependent upon the means of the patient, his financial ability, or condition; but this is a benevolent practice which does not affect the abstract question of value, or impose any legal obligation to adopt it, and cannot be said to be universal on the evidence. Indeed, there does not seem to exist any standard by which, in the application of the rule, the amount to be paid can be ascertained.'

"Whatever may be the true principle governing this matter in contracts, the court, in one case at least, is of the opinion that the financial condition of a patient cannot be considered, where there is no contract, and recovery is sustained on a legal fiction. Cotnam v. Wisdom, 83 Ark. 601, 119 Am. St. Rep. 157, 104 S. W. 164, 13 Ann. Cas. 25, 12 L. R. A. (N. S.) 1090."

The problem of physicians' fees is now much in the public eye everywhere as a result of the recent controversy between the Ford hospital authorities, on the one hand, and those of the Medical Society of Detroit Academy of Medicine, on the other hand. The Ford hospital appears to be conducted upon somewhat the same basis that a factory is conducted. Costs of service are accurately figured and charges are made to all alike upon that basis, regardless of the patient's ability to pay. This, insofar as his private hospital charges are concerned, while much criticized upon ethical grounds, is nevertheless conceded to be Ford's business.

The trouble seems to be that, in order to reach machine perfection, a definite price was fixed for each medical and surgical service, and there was to be no more flexibility in that charge than in the charge for the rent of a room or the price of an automobile. Doctors not on the salaried hospital payroll objected—and properly so—to the principle involved. Nevertheless, if we understand the situation, Ford is doing precisely what insurance companies (life and accident); governments (national, state, and local); hospital associations; life extension institutes; fraternal organizations, with sick benefits; clinics of the pay species, and many, many others in the medical field are doing.

The controversy is as old as man, and it is no nearer a solution now than it was a generation ago. The fundamentals are clear, but are usually overlooked. It is primarily a question as to whether the promotion of health and the prevention and treatment of disease is to be carried on as a private arrangement between agent and consumer or whether it is to become a great organized public utility where everyone is served like they are by a transportation system, for example: Buy your ticket or secure a free pass and ride on the train that is available and accept the conductor you happen to draw.

It is interesting in this connection to inform our members that there is a movement on foot to try to have the next California legislature declare health and medical service to be a public utility and thus place its supervision under control of the state. What are you going to do about it?

DO YOU WISH TO DISCUSS PAPERS PUBLISHED IN CALIFORNIA AND WESTERN MEDICINE?

Some two years ago a new method of discussing papers published in CALIFORNIA AND WESTERN MEDICINE was instituted. Instead of publishing the offhand extemporaneous remarks made at the medical meeting at the time the paper was presented, the finished copy of the manuscript has been and is being sent to discussants, who consider carefully and write what they have to say.

This practice quickly became so popular that, in order to give all members who wished it a chance to discuss papers, a reply postcard was sent to our mailing list in California, Utah and Nevada. This card simply asked the member if he wished his name added to the list of discussants of papers, and if so, he was asked to check from some sixteen headings the subject or subjects he would like to discuss.

Some 4500 cards were sent out; many of them returned the reply part of the card unsigned. A few indicated that they were not interested and two criticized the movement. All others indicated their desire to discuss papers and checked from one to four specialties and subjects they were interested in. This list has been tabulated under headings, and manuscripts are divided up between them, in accordance with the subject of the paper. The author of a paper is also given the privilege of naming one or more discussants. The results you are seeing in every number of CALIFORNIA AND WESTERN MEDICINE.

There are constantly in circulation from twenty to a hundred manuscripts, and as the work has evolved we figure that from six hundred to a thousand physicians will express themselves briefly upon important subjects of medicine every year.

There is no mistaking the value of this service to the cause of better medicine, nor to both authors and discussants. This is proved by the hundreds of com-

mendatory letters from authors, discussants, readers and advertisers. Another pleasing feature is the letters we receive from those who failed to answer the invitation, wanting to know why they are not given a chance to discuss papers.

One of the main purposes of this editorial is to again emphasize the fact that the invitation is an open one. If you are not now on the list and want to take part in these discussions, send in your name, address, and the specialties of medicine, including public health medicine, or other subjects you are interested in.

The specialties and subjects included in the original invitation for checking were:

General Practice (Family Physician).
Medicine and Medical Specialties: General Medicine (The Physician), Pediatrics, Communicable Diseases (including tuberculosis), Neuropsychiatry, Dermatology, Tropical Medicine.
Surgery and Surgical Specialties: General Surgery (The Surgeon), Otorhinolaryngology, Ophthalmology, Urology, Orthopedic Surgery, Anesthesiology.
Obstetrics.
Industrial and Group Medicine.
Dentistry.
Pathology and Clinical Laboratories.
Radiology and Radium.
Public Health.
Technical Specialties: Nursing; public health nursing; medical social service; physiotherapy; dietetics; pharmacy; library; clinical records; laboratory technicians.
Medical Economics, including organization, legal medicine and similar problems.

A NEW HOSPITAL BOND

A Commendable Effort to Solve the Costs of Illness for Those of Limited Means

The National Surety Company of New York are promoting the sale of what they call a Hospital Bond, which has many attractive features and some limitations, but on the whole is calculated to do much for the cause of better health.

After painstaking investigation and thorough consideration by the officers of the California Medical Association and the League for the Conservation of Public Health, a half-page advertisement of this bond has been accepted by both CALIFORNIA AND WESTERN MEDICINE and BETTER HEALTH magazines.

This type of insurance is, so far as we know, entirely new in the health field. The same thought has been embodied in insurance in other human activities, of course, for many years. The essential features of the bond are, that any person under the age of 60, who believes himself to be in good health, can, by the payment of annual premiums of from $6 to $15, have all hospital expenses in any hospital in the United States or Canada paid by the National Surety Company, up to the value of the bond, which covers one year's period of time. The value of the bonds vary from $360 to $900. A person, for example, for an annual premium of $15 is entitled to a maximum of $900 per year of hospital service, including all features of medical care that are part of the hospital fees as distinguished from doctors' fees and special nurses' fees. It is provided that the weekly payment shall not exceed $70 in any one week, but the patient may stay in the hospital as long as he pleases on any one occasion or be admitted as often as necessary in any one year, provided only that the cost of hospital care does not exceed $900 for the year, and does not exceed $70 in any one week.

This bond is remarkably free from restrictions, limitations, ifs, ands and buts that usually characterize nearly all so-called hospital association provisions and sickness insurance contracts. It does have certain limitations, and some of these call for fair and wise adjudication between the company, the hospital, and the patient. For example, the bond excludes people who are suffering from insanity or nervous disorders; tuberculosis; drug addiction or alcoholism. There are, of course, opportunities for controversy over the interpretation of some of these as well as one or two other clauses in the bond. However, all fair-minded people will recognize that certain limitations are essential to avoid excessive abuse, and the wording used in the present bond, if fairly and wisely interpreted, ought not cause any particular confusion.

The bond has many especially commendable features. It gives the widest latitude of choice to the patient in the hospital selected, and raises no question about who his attending physician is. It includes, when billed as part of the hospital service, x-ray examinations, laboratory work, operating-room charges, including those connected with anesthesia, and many other of the most expensive and necessary services called for by a patient in a hospital. In fact, the bond seems almost too good to be true, but it must be remembered that it has an old, strong financial organization behind it, and one well known for the fairness and honesty with which it conducts its business.

Under this bond, any person by the payment of from 50 cents to $1.25 a month can secure absolute protection against the most expensive part of medical care.

Hospitals will like this bond because it insures them their regular compensation and prompt payment for all patients holding the bond. Physicians will like it because, by taking care of the largest item of expense incident to illness, patients will have more funds with which to pay the doctor a reasonable fee. Almost all good doctors now ask their patients in limited circumstances first to pay the hospital and nurses, before considering their demands at all. All too frequently after this is done there is nothing at all, or very little, left for the doctor.

Patients ought to, and undoubtedly will, like the bond, because for a small premium it insures them care that many of them cannot now afford; obviates the necessity of appealing to community charity, and allows them to retain their self-respect. Perhaps even more important than this, it allows the patient the widest choice of the physician who is to serve him, as well as the hospital in which he is to be served.

If this bond is properly promoted and the settlements under it generously interpreted and promptly liquidated, it ought to do an infinite amount of good in the campaign for Better Health for Everybody, with payment assured for those who serve.

CALIFORNIA AND WESTERN MEDICINE and BET-